JAN 25 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41889

1. PLACE OF DEATH
County: Newton
Township: Shoal Creek
City: Diamond
Registration District No. 1046
Primary Registration District No. 0810
File No.
Registered No. 39
(No. ..... St. ..... Ward)

2. FULL NAME: James H. Testerman
(a) Residence. No. R#1 St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minerva Testerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21 1874

7. AGE: Years 54 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: James Testerman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo. Tennessee
12. MAIDEN NAME OF MOTHER: Mary Lamar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tennessee

14. INFORMANT: Mrs. Minerva Testerman
(Address) R# 1 Diamond Mo.

15. FILED 12/27, 1928 J W Thiermann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Dec 1, 1928, that I last saw him alive on Dec 20, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

T.S.B. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. F. Cheatman, M.D.
12/27, 1928 (Address) Granby Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Spring Valley Cemetery
DATE OF BURIAL: 12/27 1928

20. UNDERTAKER: Webb City Hud Co
ADDRESS: Webb City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.